



December 22, 2010

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: November 2010 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

Please find enclosed the November 2010 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters were within permitted limits.
- The treatment plant operated well during the month of November.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Weston & Sampson Services, Inc., on behalf of SCA Services, Inc.

  
Glenn Grieb  
Plant Manager

Enclosure

Cc: Martha Goodwin – NJDEP  
Stephen Joyce – SC Holdings, Inc.  
Carl Januszkiewicz – SC Holdings, Inc.  
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

307579



**Massachusetts**

Five Centennial Drive (HQ)  
Peabody, MA 01960-7985

**Connecticut**

273 Dividend Road  
Rocky Hill, CT 06067

**Rhode Island**

477B Tiogue Avenue  
Coventry, RI 02816

**New Hampshire**

100 International Drive  
Suite 152  
Portsmouth, NH 03801

**Maine**

PO Box 189  
York, ME 03909

**Vermont**

96 South Main Street  
Suite 2  
Waterbury, VT 05676

**New York**

301 Manchester Road  
Suite 201A  
Poughkeepsie, NY 12603

**Florida**

1990 Main Street  
Suite 750  
Sarasota, FL 34236

One Trowbridge Road, Suite 750  
Bourne, MA 02532

When it's essential...it's Weston&Sampson.®

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.  
\*         
\*NJ Permit Equivalent

REPORTING PERIOD  
M o. Y r.      M o. Y r.  
        

**PERMITTEE:**      Name:      SCA Services, Inc.  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817

**FACILITY:**      Name:      Kin-Buc Landfill  
                         Address:      383 Meadow Road  
                              Edison, New Jersey 08817  
                         Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
\_\_ T-VWX-007 \_\_ T-VWX-008 \_\_ T-VWX-009  
\_\_ EPA Form 3320-1

DYE TESTING      YES NO  
                                 \_\_ X

SLUDGE REPORT-INDUSTRIAL  
\_\_ T-VWX-010A \_\_ T-VWX-010B

TEMPORARY BYPASSING      \_\_ X

DISINFECTION INTERRUPTION      \_\_ X

WASTEWATER REPORTS  
\_\_ T-VWX-011 \_\_ T-VWX-012 \_\_ T-VWX-013

MONITORING MALFUNCTIONS      \_\_ X

GROUNDWATER REPORTS  
\_\_ T-VWX-015(A,B) \_\_ T-VWX-016 \_\_ T-VWX-017  
\_\_ ELECTRONIC SUBMISSION

UNITS OF OPERATION      \_\_ X

OTHER      \_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

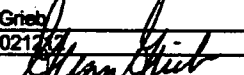
(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

**AUTHENTICATION** I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**LICENSED OPERATOR**

**PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed)      Glenn Grieb  
Grade & Registry No.      N-4 ; 00212  
Signature      

Name (Printed)      Glenn Grieb  
Title (Printed)      Plant Operations Manager  
Signature      

Date December 20, 2010

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH 

1	1
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 YEAR 

1	0
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**Others**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	8	0	0	0	0	0	8	8	0	0	8	0	0	0	0
8	8	8	8	8	4	4	8	8	8	8	8	0	0	8	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30		
8	0	8	0	0	8	0	0	0	0	0	0	8	8		
8	8	0	4	4	4	4	8	0	0	0	8	8	8		

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

FACILITY  
LOCATION

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817  
  
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	11	01	10	11	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.022078	0.033214	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	***	7.62	*****	8.17	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		8.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<0.563	1.1	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	19.14	21.04	kg/day	*****	165	182	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<3.86	<3.87	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.32	0.49	kg/day	*****	4.34	7.20	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	10.11	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		10 12 20		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

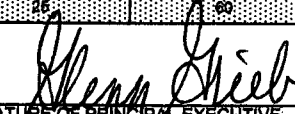
FACILITY  
LOCATION  
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**KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000209	<0.0000210	kg/day	*****	<0.18	<0.18	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.02		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000258	<0.0000257	kg/day	*****	<0.22	<0.22	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000230	<0.0000231	kg/day	*****	<0.20	<0.20	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59				
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000273	<0.0000275	kg/day	*****	<0.24	<0.24	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000291	<0.0000292	kg/day	*****	<0.25	<0.25	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	184				
TOLUENE	SAMPLE MEASUREMENT	<0.0000182	<0.0000183	kg/day	*****	<0.17	<0.17	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000218	<0.0000220	kg/day	*****	<0.19	<0.19	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		10 12 20	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

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**383 MEADOW ROAD**  
**EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL**  
**EDISON, NEW JERSEY**  
**CARL JANUSZKIEWICZ**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**DISCHARGE MONITORING REPORT**

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			YEAR	MO	DAY
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000288	<0.0000289	kg/day	*****	<0.25	<0.25	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.010		*****	25	89			2/month	grab		
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000260	<0.0000284	kg/day	*****	<0.24	<0.24	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.006	0.016		*****	52.8	108			weekly	grab		
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000578	<0.0000584	kg/day	*****	<0.498	<0.505	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000573	<0.0000578	kg/day	*****	<0.49	<0.50	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000538	<0.0000543	kg/day	*****	<0.463	<0.470	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000508	<0.0000514	kg/day	*****	<0.435	<0.445	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000535	<0.0000543	kg/day	*****	<0.460	<0.470	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
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Glenn Grieb Project Manager									732 572-4743		10 12 20		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER			

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS  
 (REFERENCE ALL ATTACHMENTS HERE)  
 <0.00017

PERMITTEE NAME/ADDRESS  
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383 MEADOW ROAD  
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000528	<0.0000532	kg/day	*****	<0.453	<0.460	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43				
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001574	<0.0002541	kg/day	*****	<1.49	<2.20	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)				
ALDRIN	SAMPLE MEASUREMENT	<0.0000007	<0.0000007	kg/day	*****	<0.008	<0.008	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00028		*****	0.0875	0.176				
4,4-DDT	SAMPLE MEASUREMENT	<0.0000008	<0.0000008	kg/day	*****	<0.007	<0.007	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000148		*****	0.38	0.765				
PCB-1242	SAMPLE MEASUREMENT	<0.0000185	<0.0000266	kg/day	*****	<0.17	<0.23	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)				
PCB-1248	SAMPLE MEASUREMENT	<0.0000209	<0.0000287	kg/day	*****	<0.19	<0.25	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)				
PCB-1254	SAMPLE MEASUREMENT	<0.0000105	<0.0000135	kg/day	*****	<0.10	<0.12	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		10 12 20		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1280	SAMPLE MEASUREMENT	<0.0000264	<0.0000419	kg/day	*****	<0.24	<0.36	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0017065	0.0027066	kg/day	*****	15.60	22.90	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.015	0.028		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0000735	0.0001285	kg/day	*****	0.7	1.1	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	46.2	152			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0006761	0.0007746	kg/day	*****	6.26	7.20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0004161	0.0004905	kg/day	*****	3.8	4.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	56			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0003029	<0.0004793	kg/day	*****	2.76	4.10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	16			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0044829	0.0049540	kg/day	*****	41.4	44.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.261		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				732 572-4743		10 12 20			
Glenn Grieb Project Manager											
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COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0010613	0.0014163	kg/day	*****	11.3	12.3	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0007638	<0.0009456	kg/day	*****	7.1	8.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	15.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0120566	0.0221566	kg/day	*****	117.0	257.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.61		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0117561	0.0250878	kg/day	*****	117.0	291.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	89.6	182		*****	932000	1670000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			1st partial	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.165	0.165	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) (REFERENCE ALL ATTACHMENTS HERE)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		10 12 20		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS											